

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0169637 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 02/10/2010 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 59 year old female with an injury date of 02/10/10. Based on the 03/14/14 progress report, the patient states "I have pain in my neck that radiates to my lower back, right shoulder that radiates to my wrist. I also have a slight headache." The 04/09/14 report states that the patient complains of persistent and constant lumbar spine pain as well as right hip pain. She describes her pain as being "pressure and stabbing" in nature. According to the 06/10/14 progress report, she has constant lumbar spine pain which radiates bilaterally to her feet. The patient also has an antalgic gait. The denial letter indicates that the patient rates her cervical spine as a 7/10, lumbar spine pain as a 5/10, right shoulder pain as a 5/10, right wrist pain as a 5/10, and bilateral hips pain as a 5/10. The patient's diagnoses include the following: 1.Neck strain2.Lumbar strain3.Sprain of shoulder/upper arm4.Wrist sprain5.Sprain of hip/thigh6.Anxiety state.The utilization review determination being challenged is dated 10/10/14. Treatment reports were provided from 09/24/13- 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic treatment, qty: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Online

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle relaxants Page(s): 64.

Decision rationale: According to the 06/10/14 progress report, the patient has constant lumbar spine pain which radiates bilaterally to her feet. The request is for Cyclobenzaprine for muscle relaxer. The report with the request was not provided. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. The patient has been taking Cyclobenzaprine as early as 06/10/14 which indicates a long term basis and is not within MTUS guidelines. There are no discussions provided as to what Cyclobenzaprine has done for the patient. The request is not medically necessary.